RURAL DISTRICT OF WADEBRIDGE

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE

Year Ending 31st December, 1950

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PUBLIC HEALTH STAFF:

Medical Officer of Health:

J. REED, M.B., Ch.B., B.Sc., D.P.H.

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R. NAPIER SPEIRS, M.R.San.A., M.S.I.A., R.P.

Mr. Chairman and Councillors,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1950.

Recent legislation has considerably limited the scope of smaller authorities in relation to the provision of health services, the responsibilities having now passed to the larger local government units, to Regional Hospital Boards, or other Ministerial bodies. The tasks of sanitary supervision are inclined to become routine and present little of enthusiastic interest to the department. In the realm of Prevention of Illness much useful and interesting work can be done, particularly in small communities which abound in the Rural District. The starting point of much of this work rests on the provision of information relating to illness. We already receive information on the health of infants and pre-school children, on school children and on the whole population for certain notifiable conditions. I hope that a new source of information will shortly become available regarding the varieties of illness requiring hospital admission. The total of these sources must still be less than the information which could be obtained from the general practitioners, the greater part of whose work never goes to hospital, is never seen by a consultant nor investigated by a laboratory. A simple example of the help provided by the practitioner is recorded in the investigations on food poisoning which occurred during 1950. I would make a special appeal to practitioners to regard the department as a collecting station for all information, irrespective of any statutory obligation, relating to the prevalence of illness which they may consider would contribute to measures for prevention, and to demand all the available assistance of the department in the solution of any difficulties they may encounter.

It is possible that some of the investigations in relation to certain illnesses in the Area may prove the inadequacy of some of the sanitary provisions which were commented upon in my last report. These items were freely discussed late in the year 1950 and therefore little improvement could be recorded during the period under review. In fact deterioration in the standard of supervision of refuse tipping brought forth recommendations for improvement during 1951. Improvement in the essential public health services should be the Council's primary aim, and of these, houses and water supplies remain the most urgent items. The slow progress which appears to be inevitable in these uncertain days must be a discouragement to the Council and residents of the Rural District.

I should like to thank the Council and Officials for their generous assistance during the year.

I beg to remain,

Your obedient servant,

JOHN REED,

Medical Officer of Health.

I. STATISTICS.

General Statistics.

Area in acres	...	88,064
Estimated mid-year population	...	16,060
Number of inhabited houses	...	4,650
Rateable value	...	£71,386
Product of penny rate	...	£289

Vital Statistics.

Live Births.

TABLE I.

Number of Registered Live Births 1950.

		Male.	Female.	Total.
Legitimate	...	112	100	212
Illegitimate	...	2	5	7
Total	...	114	105	219

Birth rate 13.6 per 1,000 population.

Birth Rate England and Wales 15.8 per 1,000 population.

Still Births.

TABLE II.

Number of Still Births Registered 1950.

		Male.	Female.	Total.
Legitimate	...	2	3	5
Illegitimate	...	—	—	—
Total	...	2	3	5

Stillbirth Rate = 22.3 per 1,000 total births, or 0.31 per 1,000 total population.

Stillbirth Rate England and Wales = 0.37 per 1,000 total population.

Infant Mortality.

TABLE III.

Number of Infant Deaths Registered 1950.

		Male.	Female.	Total.
Legitimate	...	7	1	8
Illegitimate	...	—	—	—
Total	...	7	1	8

Infant Mortality Rate = 36.5 per 1,000 live births

Infant Mortality Rate England and Wales = 29.8 per 1,000 live births

Two of the infant deaths recorded occurred in male children und the age of one month.

Deaths.

Number of Deaths Registered 1950.

Male.	Female.	Total.
99	89	188

Crude Death Rate = 11.4 per 1,000 population.
Crude Death Rate England and Wales = 11.6 per 1,000 total population.

Causes of Death.

TABLE IV.

Distribution of Deaths by Diseases.

	Male.	Female.	Total.
Diseases of Heart ...	37	30	67
Diseases of Intracranial Vessels ...	10	21	31
Other circulatory diseases ...	2	4	6
Respiratory diseases excluding Tuberculosis	9	5	14
Diseases of Digestive System ...	1	2	3
Diseases of Urinary System ...	3	—	3
Suicide, Accident and Violence ...	15	3	18
Cancer ...	11	15	26
All other causes ...	11	9	20
	99	89	188

TABLE V.

Distribution of Ages at Death.

Age.	Male.	Female.	Total.
0—1 month ...	5	1	6
1 month—1 year ...	2	—	2
1 year—10 years ...	—	1	1
11—20 ...	2	2	4
21—40 ...	10	2	12
41—60 ...	16	8	24
61—70 ...	20	23	43
71—80 ...	23	23	46
81—90 ...	19	27	46
Over 90 years ...	2	2	4
	99	89	188

II. GENERAL PROVISION OF HEALTH SERVICES.

Hospital and Maternity Accommodation.

There has been no change during 1950 regarding the provision of Hospital accommodation. The consultant gynaecology and ante-

natal services were introduced into the Area by the establishment of a clinic in the County Council Health Centre in Wadebridge. The Centre was made ready for use in November 1950 and all clinics held on behalf of the West Cornwall Hospital Management Committee and the County Council are now accommodated. They are:—Infant Welfare, Minor Ailment, Dental, Occupational Therapy, Child Guidance, Ante-natal and Gynaecological, Ophthalmic and Orthopaedic Clinics.

No additional maternity accommodation was made available to the District during 1950. The nearest hospital accommodation is still in Redruth, 30 miles away. Deliveries were completed en route to hospital in three cases from the Area during 1950.

Ambulance and Hospital Car Services.

The County Council's provision continued to be used extensively in this Area, as it must naturally do, in view of the meagre public transport facilities and the long distances involved in obtaining certain varieties of treatment. The regular attenders for such items as radiotherapy and physiotherapy are a continual drain on the resources of this service. The addition of a utilecon ambulance during the year, primarily for sitting patients has helped considerably in providing the necessary means of transport to hospital.

Care of Mothers and Young Children.

(a) **Infant Welfare Centre.** Fortnightly sessions were held in the new premises in the Health Centre from November. The accommodation is a decided improvement upon that previously used, but is still far from ideal for the purpose. The average attendance during 1950 was:—28.17.

(b) **Ante-Natal Care.** In addition to the consultant clinic held by the Hospital Management Committee, a clinic was commenced in November which caters for midwives cases only, and is conducted by them.

(c) **Midwifery and Health Visiting.** During the year the eight District Nurse Midwives serving the district conducted 215 confinements. 167 as midwifery and 48 as maternity. Seven were qualified to give Gas and Air Analgesia The two nurses holding Health Visiting Certificates carried out the domiciliary supervision of tuberculosis.

Dental Care.

The two clinics under construction during 1949 were both put into use during 1950. One is established at the Bodmin Priory and one at the Health Centre, Wadebridge.

Prevention of Illness, Care and After-Care.

(a) **Tuberculosis.** All notified cases of tuberculosis were visited repeatedly during the year. No County Council grants for additional foodstuffs were required.

(b) **Hospital Discharges.** Patients discharged from hospital were visited by District Nurse Health Visitors to determine whether any assistance was required.

(c) **Problem Families.** It is estimated that in the Rural District there are some 50 families who fall into this particular category. They comprise individuals who for various reasons neglect themselves, their children and their homes, in varying degrees. The great majority are of a permanent nature, and not the result of some temporary misfortune, and the worst tend to drift into the comparative isolation of poor agricultural dwellings with a minimum of sanitary provisions, away from the general public, and so give rise to little complaint.

An attempt was made during the year to assist one family in Wadebridge, with the financial aid of the Samaritan Fund, and practical assistance from the Assistant County Nursing Officer. Improvement was undoubtedly achieved, but the termination of this help was followed by a return to previous conditions. It would be unfair to say that nothing could be done for these families, but whatever improvement is possible would involve the continuous expenditure of considerable amounts of money to keep them so. It appears that they are either to be regarded as a social problem to be remedied by the spending of public money, or they are to be accepted as they are, subject to the rules and regulations at present in force.

Diphtheria Immunisation.

During 1950, 127 children between 0—5 years and 152 between 5—14 years, completed a first course of immunisation. 128 children over 5 years received boosting doses. The number immunised between 0—5 is made up largely of children born in 1949, and the figure shows a considerable fall compared with last year. Approximately 230 children born in 1949 became eligible for immunisation during 1950. Of these 106 were immunised giving a percentage of only 46. The figures for the three previous years were:—81%, 1948; 90%, 1947; 80%, 1946. This marked decline in immunised children is most disconcerting. The reported association between inoculation and the onset of acute anterior poliomyelitis (infantile paralysis) during 1950 is most probably the cause for this rapid fall. It should be pointed out that the onset of poliomyelitis is not the direct result of inoculation, and is only likely to occur when the disease is in the vicinity at the time of inoculation. Immunisation is postponed in this event, as are

other minor operative procedures, such as the removal of tonsils and adenoids. Should the marked fall in immunisation continue, return of diphtheria would be a far greater risk than the development of poliomyelitis following inoculation.

Laboratory Services.

Samples were submitted during the year to the Public Health Laboratory Service established in Truro. The laboratory service has proved to be of great assistance in providing useful information of Public Health importance, both in relation to routine supervision of services, and in the investigation of specific problems. The complete analyses of water supplies were made by the Public Analyst in Exeter.

School Health Services.

Premises. The conditions in schools in the Rural District have changed little since my last report. The replacement of privies in Lanivet and Nanstallon was notified by the County Council during the year. The Education Authority is fully aware of the deficiencies in these schools, and it would be unreasonable to expect it to spend large sums of money to modernise premises which are so completely out of date. The most that can be expected is the remedy of the urgent defects, until such time as new schools are provided.

Pupils. 696 pupils were examined on routine inspection. Of these 188 were classified as A, 320 as B, and 15 as C, in relation to their general physical condition. The number showing evidence of malnutrition was small. Some 300 children were examined for special reasons and a similar number of follow up examinations on these children was made later in the year. The number of children classified as Handicapped was 21, of which 12 were classified as Delicate and 10 as Educationally Sub-Normal. Two children were classified as Ineducable during the year.

III. SANITARY CIRCUMSTANCES.

Water Supplies.

There were no major changes in the provision of adequate and wholesome water in the Rural District, and progress on the De Lank Scheme was not particularly great. It is, of course, unreasonable to expect the Council to take steps to improve the present arrangements when a completely new scheme is pending. It need only be said that the existing supplies for which the Council is primarily responsible, do not generally meet the requirements of adequacy or wholesomeness. The urgency of the De Lank Scheme cannot be over emphasized.

TABLE VI.

Distribution of Piped Water Supplies.

Authority	Parish		No. of Population (approx.)	No. of Dwelling Houses.
North Cornwall Joint Water Board.	St. Minver Lowlands	...	790	350
	St. Minver Highlands	...	1,180	440
	St. Endellion	...	1,240	500
	St. Kew	...	860	283
Wadebridge R.D.C.	Wadebridge	...	2,500	815
	Egloshayle	...	—	—
Bodmin Water Company.	Helland	...	—	4

North Cornwall Joint Water Board Supply.

The improvement in the bacterial quality achieved during the latter part of 1949 was maintained during 1950. The adequacy of treatment is reflected in the samples from the source and from supply. Three samples were submitted from the source during 1950, and all showed evidence of pollution. Samples taken after treatment were satisfactory. In all 24 samples were taken at different points of supply and minor degrees of pollution were detected in only two. The results are shown in Appendix I.

Wadebridge Rural District Council

Sampling during 1950 confirmed the impression gained in 1949 that the bacterial quality is not to be relied upon. 32 samples were taken from supply of which 12 showed evidence of faecal pollution of varying extent. It is most likely that this contamination is of animal origin, but for absolute safety, in the absence of other available treatment, the water should be boiled. Sampling results are shown in Appendix II.

Bodmin Water Company.

The supply to Helland is taken from the main proceeding from St. Breward to Bodmin. The bacterial quality of this supply is also variable, since the treatment at the source is frequently inadequate. Purity of supply cannot therefore be ensured, and water should be boiled for drinking purposes.

Other Supplies.

The frequency with which queries are made to the department

regarding wells, both private and public, indicates the amount of suspicion which is cast upon these sources. Queries usually arise from newcomers to the district who have occasionally experienced gastric upset, or general discoloration of the water supply, or from sampling of school supplies. The local history almost invariably labels the source as absolutely pure and reliable, and sampling invariably shows the reverse. It is not easy to assess the risk involved in these sources, and each must be judged according to its position. In general, it can be said that in an area where considerable recent development has taken place, e.g. Coastal Areas, where wells are apt to alternate with septic tanks, the risk of iilness ensuing on drinking water is not inconsiderable.

Where evidence of pollution is reported in public supplies, some attempt is made to discover the cause, and remedy the defect.

The general picture of water supplies for which the Rural District Council is responsible shows the standard to be poor both in quality and quantity. The implementation of the De Lank Scheme would be a major improvement.

Sewerage.

The Council have continued in their practice of providing small sewage disposal plants for groups of isolated Council Houses. Each scheme is prepared by Messrs. Tuke and Bell, Engineers, who specialise in sewage disposal works design—following in principle the requirements of the Ministries Technical Appendices. The only small scheme to be completed during the year was at Penrose, St. Ervan, serving four Airey Houses. Surveys were continued in coastal parishes with a view to the future provision of sewerage schemes.

Refuse Collection.

The standard of maintenance of the Council's refuse dumps created some concern during 1950, due essentially to lack of provision. The tip opened at Trewethern, St. Kew, during 1949 became quickly unusable and refuse had to be tipped at Wadebridge on the old site, without proper control. Delay in obtaining additional land at the site caused the accumulation of refuse with accompanying nuisance. Deficiencies in the standard of control were reported to the Council and recommendations for improvement were accepted.

Camping Sites.

An additional camping site was granted a licence during the year. The Council accepted a standard of conditions recommended

by the various bodies concerned in their control, and modified to suit the Rural district. There were still several unlicensed sites in use during the year, a minor nuisance being reported in one case.

Rodent Control.

The combined district for Rodent Control was extended to include the Camelford Rural District, and an additional operator was employed.

Sanitary Inspection.

Summary of Visits.

Water Supplies	...	82
Drain Tests	...	43
Nuisances	...	28
Food & Drugs	...	25
Housing Defects	...	6
School Sanitation	...	1
Camps	.....	5
Fumigations	...	4
Infectious Diseases	...	8
Other Visits	...	62
		264

The amount of time spent on sanitary inspection was small during the year, priority being given, quite naturally, to the Council's Housing projects. It was hoped that re-arrangements in the personnel of the sanitary department would enable more sanitary duties to be carried out during 1951.

IV. HOUSING.

The Council's post war Housing programme was further extended by the completion of 32 prefabricated houses, distributed in seven parishes of the district. In addition 20 private enterprise houses were completed and occupied during the year. No action was taken under the Housing Act 1936, and little work was carried out on the Rural Housing Survey. The year saw little alteration in the demand for houses, which at the present rate of progress will take many years to satisfy. It is quite impossible to think of schemes for the removal of the many insanitary dwellings in the Rural District, concerning which, action is long overdue.

V. FACTORIES AND WORKSHOPS.

Little time was available for the routine inspection of factories and workshops, and fortunately many of the 84 contained in the register are businesses carried on by single individuals in buildings adjoining their own domestic premises. The supervision required in these instances is therefore extremely small. No defects were observed during the year in the inspections made.

VI. FOOD AND DRUGS.

Ice Cream.

The Council's register of ice-cream retailers and producers was brought up to date and six additional registrations were made. No samples were submitted for bacteriological examination.

Slaughter of Animals.

Further minor improvements were made at the slaughter-house in Wadebridge. Necessary as these may have been, they have in no way modified the suitability of these premises for the use to which they are put, nor do they justify the increased slaughtering which was carried out in 1950. The additions have merely facilitated slaughtering in premises entirely unsuitable for the purpose. I see no reason to modify the opinion expressed last year, that the premises are unsuitable for the slaughter of animals used for human consumption. The only solution is complete replacement, as the present premises are quite unadaptable, by alteration or addition, to provide reasonable standards for slaughter and handling.

TABLE VII.

Carcasses Inspected and Condemned.

	Cattle including Cows.	Cows.	Calves.	Sheep.	Pigs.
Number Killed		1,326	1,633	3,768	150
Number Inspected		1,326	1,633	3,768	150
All diseases except Tuberculosis					
Whole carcasses condemned	7	21	11	58	12
Part carcasses	359	6	6	177	20
Tuberculosis Only					
Whole carcasses condemned	8	37	1	—	5
Part carcasses	43	1	—	—	1

Food Poisoning.

An effort was made to determine to what extent this illness was prevalent in the Rural District, following the impression that diarrhoea was an accepted seasonal malady, occurring each summer. Practitioners were asked, irrespective of their statutory obligation, to notify cases of diarrhoea and vomiting. The request was made in July, and it would seem that cases had occurred before this date. Between July and October, 53 cases of food poisoning were notified, the greatest proportion occurring in St. Endellion Parish. These probably represented only a portion of the number of individuals affected, as the symptoms were relatively mild, and medical advice was not sought by any but the moderately ill. The organism responsible was isolated in a number of cases as Salmonella Typhi-murium, the most common food poisoning organism. The wide-spread distribution of cases, from which the organism was isolated, suggests that the whole could be considered as a single outbreak, well under way when enquiries were instituted. The original source was not isolated, but the mode of transmission from affected food handlers to others could readily be traced in outbreaks in individual premises. The following remark made subsequently illustrates the mode of transmission and the implications of lack of necessary knowledge and care by kitchen employees—" I was working in the kitchen at '———' hotel last summer, and I got it too. Some of the residents had it and some of them were so bad they had to stay longer than they'd intended before they could go home. I wonder where they got it from?". The importance of the food handler cannot be too strongly emphasised in these outbreaks; and employers should ensure that their employees (particularly the seasonal labour) are fully conversant with the requirements for preventing these unfortunate incidents.

Food Handling Bye-Laws.

These were adopted by the Council but not confirmed by the Ministry by the end of the year.

Food and Drug Samples.

The County Council's inspectors submitted 40 milk samples and 39 of other foods from establishments in the Rural District. No cases of adulteration were reported.

VII. PREVALENCE & CONTROL OF INFECTIOUS DISEASES.

TABLE VIII.

Notified Infectious Diseases,
Excluding Tuberculosis, during 1950.

Whooping Cough	...	40
Scarlet Fever	...	31
Food Poisoning	...	55
Acute Primary Pneumonia	...	5
Acute Poliomyelitis	...	2
Erysipelas	...	3
Puerperal Pyrexia	...	1
Measles	...	9
		146

The increase in the total of notifications is due essentially to the large number of food poisoning notifications secured. The number of notified cases of whooping cough was considerably less than in 1949, though this gives no true indication of its prevalence. The significant feature is that we had again in 1950 one infant death attributable directly, and one indirectly, to the disease. The caution with which the Ministry of Health approach the problems of mass immunisation is perhaps admirable, but the evidence would more than suggest that such a practice in relation to whooping cough would be of great value. It is to be hoped that it will not be long before active protective measures are taken against this distressing illness.

The streptococcal diseases, Scarlet Fever and Erysipelas, showed an increase over 1949, accompanied by a wide-spread non-notifiable sore throat of the same origin.

It is remarkable what an effect a transient rash produces in the attitude of the public towards this infection. There is need for enlightenment of the attitude, which at present allows one section of the infected to take no precautions, but insists that the other shall.

The cases of acute poliomyelitis, occurring in non-residents, were almost certainly contracted outside the district. Several other cases were reported subsequently in relation to these, but were not confirmed.

Tuberculosis.

TABLE IX.

	Pulmonary.		Non-Pulmonary.		
	Males.	Females.	Males.	Females.	Total.
Notified cases at 1.1.50 ...	34	12	3	9	58
New cases notified during 1950 ...	5	2	—	—	7
Transfers to Rural District	3	2	—	1	6
Total Entries ...	42	16	3	10	71
Discharges ...	11	3	1	2	17
Deaths ...	—	—	—	—	—
Transfers to other areas ...	1	2	—	—	3
Total Removals ...	12	5	1	2	20
Remaining Cases ...	30	11	2	8	51

Further investigation of cases in the register was carried out during the year, and many of the long-standing cases who no longer had supervision were discharged from the register with the approval of the clinics concerned. There was an increase of two in the new cases of pulmonary tuberculosis notified. No statutory action was taken in relation to any person suffering from tuberculosis.

APPENDIX I.

ROUTINE WATER SAMPLES. 1950.

Date		Probable Coliform.	Probable Faecal Coli.
14. 1.50	...	—	—
14. 1.50	...	—	—
3. 2.50	...	—	—
20. 2.50	...	—	—
8. 3.50	...	—	—
29. 3.50	...	—	—
19. 4.50	...	—	—
10. 5.50	...	1	—
7. 6.50	...	—	—
21. 6.50	...	—	—
28. 6.50	...	—	—
20. 7.50	...	5	1
2. 8.50	...	13	—
9. 8.50	...	1.	—
16. 8.50	...	13	—
11. 9.50	...	8	1
4.10.50	...	35	—
4.10.50	...	—	—
11.10.50	...	—	—
18.10.50	...	1	—
25.10.50	...	—	—
1.11.50	...	—	—
15.11.50	...	8	—
22.11.50	...	17	—
29.11.50	...	3	—
6.12.50	...	3	—
20.12.50	...	—	—

RAW WATER SAMPLES. 1950.

14. 1.50	...	3	—
3. 2.50	...	90	20
30. 8.50	...	180+	180+
13.12.50	...	8	—

APPENDIX II.

ROUTINE WATER SAMPLES. 1950.

Date		Probable Coliform.	Probable Faecal Coli.
6. 1.50	...	—	—
14. 1.50	...	3	—
16. 1.50	...	180+	8
23. 1.50	...	—	—
3. 2.50	...	5	1
10. 2.50	...	—	—
20. 2 50.	...	50	5
15. 3.50	...	1	—
19. 4.50	...	50	—
10. 5.50	...	—	—
22. 5.50	...	—	—
7. 6.50	...	—	—
28. 6.50	...	—	—
20. 7.50	...	5	—
26. 7.50	...	50	3
2. 8.50	...	50	35
9. 8.50	...	180+	180+
16. 8.50	...	—	—
23. 8.50	...	35	5
30. 8.50	...	—	—
11. 9.50	...	30	13
4.10.50	...	25	1
11.10.50	...	8	3
18.10.50	...	—	—
25.10.50	...	13	—
1.11.50	...	50	—
15.11.50	...	20	3
22.11.50	...	180+	—
29.11.50	...	12	1
6.12.50	...	25	—
13.12.50	...	180+	—
20.12.50	...	—	—